

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90106 024 ***158.75

DOCUMENT # P01000087032

1. Entity Name
ABYTE COMMUNICATIONS, INC.



Principal Place of Business
**4556 S. MANAHAN
STE 1
TAMPA FL 33611**

Mailing Address
**PO BOX 19385
TAMPA FL 33686**



2. Principal Place of Business

3. Mailing Address

4556 S. Manhattan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33611-2382 Hills

4. FEI Number **59-3750358**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWE, DEBRA A
6712 S. HESPERIDES ST.
TAMPA FL 33616**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DEBRA BOWE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-16-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOWE, DEBRA A**
STREET ADDRESS **6712 S. HESPERIDES ST.**
CITY-ST-ZIP **TAMPA FL 33616**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOWE, STEPHEN**
STREET ADDRESS **6712 S. HESPERIDES ST.**
CITY-ST-ZIP **TAMPA FL 33616**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-03

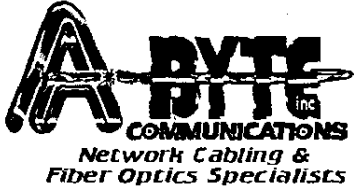
Date

813-832-3359

Daytime Phone #

CR2E034 (10/02)

Attachment



A-BYTE Communications, Inc.
P.O. Box 19385 • Tampa, FL 33686
Ph: 813-832-3359 • Fax: 813-839-0685

80140327
#P01600089032

To: Florida Department of State
From: A-Byte Communications, Inc.
Subject: Uniform Business Report

To Whom it May Concern

January 2003, A-byte Communications, Inc. closed the PO Box 19385, due to an error in forwarding, A-byte Communications did not receive the 2003 Uniform Business Report until August 15, 2003. Therefore it would have been impossible to submit payment prior to May 1, 2003.

We are submitting our payment of \$158.75 hopefully it will be accepted. However if there is a problem please contact us as soon as possible.

New Mailing Address: A-Byte Communications, Inc
4556 S. Manhattan Ave. Suite I
Tampa, FL 33611-2332

Thank You
Debra Bowe
President
A-Byte Communications, Inc.